

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Fraternity &amp; Sorority Political Action Committee

ADDRESS (number and street)

PO Box 3435

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00410068

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margee Clancy

Signature of Treasurer

Electronically Filed by Margee Clancy

Date

06

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name  
Fraternity & Sorority Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010<sup>Y</sup> <sup>Y</sup> <sup>Y</sup></div>		41795.33
(b) Cash on Hand at Beginning of Reporting Period .....	164039.61	
(c) Total Receipts (from Line 19) .....	8760.00	159311.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	172799.61	201106.33
7. Total Disbursements (from Line 31) .....	53327.09	81633.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	119472.52	119472.52
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 15

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6850.00	131550.00
(ii) Unitemized .....	1910.00	18511.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8760.00	150061.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8760.00	153061.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	250.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8760.00	159311.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8760.00	159311.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	47327.09	69133.81	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	47327.09	69133.81	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	12500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53327.09	81633.81	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53327.09	81633.81	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8760.00	153061.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8760.00	153061.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47327.09	69133.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47327.09	68883.81

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sean P. Callan

Mailing Address 3545 Pembroke Avenue

City

Cincinnati

State

OH

Zip Code

45208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Info Requested

Occupation

Info Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.10396

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Disque

Mailing Address 24 Murray Hill Square

City

New Providence

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Disque Interiors Ltd.

Occupation

Interior Designer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.10389

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory F. Hauser

Mailing Address 266 West 77th Street Apt 2

City

New York

State

NY

Zip Code

10024-6838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alston & Bird LLP

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.10392

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fraternity &amp; Sorority Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles H. Hostetler

Mailing Address 1715 Thomas Circle

City

Manhattan

State

KS

Zip Code

66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlson & Wilson Insuran-  
ce Agency

Occupation

Independent Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	0

Transaction ID: SA11AI.10393

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Cindy Jarboe

Mailing Address 23300 Copperleaf Blvd.

City

Bonita Springs

State

FL

Zip Code

34135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Info Requested

Occupation

Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	0

Transaction ID: SA11AI.10387

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Lawlor

Mailing Address 6921 Westlake Avenue

City

Dallas

State

TX

Zip Code

75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Transaction ID: SA11AI.10410

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rae Maier

Mailing Address 1840 Beacon Hill

City

Fort Wright

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bertke & Sparks CPA

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.10413

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin M. Mayeux

Mailing Address 4842 Sheehan Place

City

Indianapolis

State

IN

Zip Code

46254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tau Kappa Epsilon

Occupation  
Associate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.10386

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James O. McCrery, III

Mailing Address 1011 Gelston Circle

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Council, LLC

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.10451

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William Muse

Mailing Address 10714 Escondido Drive

City

Cincinnati

State

OH

Zip Code

45249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.10424

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Sheri O'Connell

Mailing Address 6111 Kennedy Drive

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Photographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.10395

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Orr, Jr.

Mailing Address 8554 Katy Fwy  
#100

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Commerical Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.10427

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia E. Russell

Mailing Address 13013 Tarrington Commons

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.10408

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Perry R. Swanson

Mailing Address 1700 Grandview Avenue

City State Zip Code  
 Pittsburgh PA 15211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swanson Group, Ltd.

Occupation  
Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.10426

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

6850.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ampeer, LLC

Mailing Address 2055 15th Street N  
Ste. 203

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Website Development

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10445

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Elavon

Mailing Address One Concourse Parkway

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10429

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

265.19

C.

Full Name (Last, First, Middle Initial)

Liaison Capitol Hill, An Affinia Hotel

Mailing Address 415 New Jersey Ave, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Gen. Fund. - Event Expense, Catering-Non Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10440

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

34645.58

SUBTOTAL of Disbursements This Page (optional) .....

37410.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) MJ Insurance	<b>Transaction ID:</b> SB21B.10443 <b>Date of Disbursement</b>																				
Mailing Address PO Box 50435	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Indianapolis State IN Zip Code 46250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Insurance	<table border="1"> <tr> <td colspan="10">2799.00</td> </tr> </table>	2799.00																			
2799.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Omega Financial Inc.	<b>Transaction ID:</b> SB21B.10428 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 2207	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	0												
City Columbus State GA Zip Code 31902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee	<table border="1"> <tr> <td colspan="10">55.62</td> </tr> </table>	55.62																			
55.62																					
Candidate Name	<table border="1"> <tr> <td></td> </tr> </table>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PattonBoggs, LLP	<b>Transaction ID:</b> SB21B.10435 <b>Date of Disbursement</b>																				
Mailing Address 2550 M Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	0												
City Washington State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Services	<table border="1"> <tr> <td colspan="10">987.08</td> </tr> </table>	987.08																			
987.08																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3841.70**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pennington & Co.

Mailing Address 501 Gateway Drive  
Suite A

City Lawrence State KS Zip Code 66049-2342

Purpose of Disbursement  
Printing & Production, Non-Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10439

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

275.07

B.

Full Name (Last, First, Middle Initial)

Pennington & Co.

Mailing Address 501 Gateway Drive  
Suite A

City Lawrence State KS Zip Code 66049-2342

Purpose of Disbursement  
Printing, Production & Donor Contact, Non-Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10448

Date of Disbursement

05 / 21 / 2010

Amount of Each Disbursement this Period

803.47

C.

Full Name (Last, First, Middle Initial)

Reflections Photography

Mailing Address 631 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Gen. Fund. Event Video Production-Non Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10449

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

3952.90

SUBTOTAL of Disbursements This Page (optional) .....

5031.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fraternity & Sorority Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reflections Photography

Mailing Address 631 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Gen. Fund. Event Photography-Non Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.10450

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

632.50

SUBTOTAL of Disbursements This Page (optional) .....

632.50

TOTAL This Period (last page this line number only) .....

46916.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fraternity &amp; Sorority Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JACK KINGSTON

Mailing Address PO Box 2133

City  
SavannahState  
GAZip Code  
31402Purpose of Disbursement  
ContributionCandidate Name  
JOHN HEDDENS KINGSTONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: SB23.10436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

INGLIS FOR CONGRESS COMMITTEE INC.

Mailing Address PO Box 210

City  
Travelers RestState  
SCZip Code  
29690Purpose of Disbursement  
ContributionCandidate Name  
ROBERT D INGLISCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 04

Transaction ID: SB23.10441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City  
CharlestonState  
WVZip Code  
25339Purpose of Disbursement  
ContributionCandidate Name  
SHELLEY MOORE CAPITOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.10438

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

6000.00